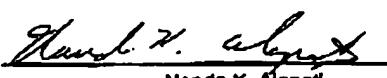


JAN 04 2005

PTO/SB/22 (12-04)
WCSR Form (12/2004)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Docket No. : A202 1050.1																																													
Serial Number	10/088,688	Filed February 6, 2002																																													
In re Application of	LIBBY et al.																																														
For: MULTI-TASK WINDOW																																															
Group Art Unit:	2873	Examiner: Nguyen, Jimmy H.																																													
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th style="text-align: right;"><u>Fee</u></th> <th style="text-align: right;"><u>Small Entity</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$ 120</td> <td style="text-align: right;">\$ 60</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ 450</td> <td style="text-align: right;">\$ 225</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td colspan="2" style="text-align: center;">Minus one-month extension already paid (\$110.00) equals \$ 340.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1020</td> <td style="text-align: right;">\$ 510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1590</td> <td style="text-align: right;">\$ 795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2160</td> <td style="text-align: right;">\$ 1080</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number</td> <td colspan="2" style="text-align: center;"><u>09-0528</u></td> </tr> <tr> <td colspan="3">I have enclosed a duplicate copy of this sheet.</td> </tr> <tr> <td>I am the <input type="checkbox"/> applicant/inventor.</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> attorney or agent of record.</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Registration number if acting under 37 CFR 1.34(a) <u>39,893</u></td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	<input checked="" type="checkbox"/>	Minus one-month extension already paid (\$110.00) equals \$ 340.00		<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$ 1080	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number	<u>09-0528</u>		I have enclosed a duplicate copy of this sheet.			I am the <input type="checkbox"/> applicant/inventor.			<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			<input type="checkbox"/> attorney or agent of record.			<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).			Registration number if acting under 37 CFR 1.34(a) <u>39,893</u>		
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 Nanda K. Alapati		January 4, 2005 Date																																													
Telephone Number: 703-394-2216																																															
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below																																															
<input type="checkbox"/> _____ forms are submitted.																																															

FAX NUMBER: 703-394-2216 • 10001036

COST: \$0.00 340.00 0.00

WASHINGTON 134652V1